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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/613,439 07/11/2000 PAT 7,048,710  
 which is a DIV of 09/071,284 05/01/1998 PAT 6,162,192  
 This application 09/621,670 07/24/2000  
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**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
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Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No /ISMAEL IZAGUIRRE/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY CA	SHEETS DRAWINGS 17	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 5
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**TITLE**  
 DEPTH AND PUNCTURE CONTROL FOR SYSTEM FOR HEMOSTASIS OF BLOOD VESSEL

<b>FILING FEE RECEIVED</b> 1054	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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